

FORM PTO-1449 (modified) To: U.S. Department of Commerce (PW FORM PAT-1449) Patent and Trademark Office Information Disclosure Statement by Applicant	Attorney Docket No.: 2545-0493
	Applicant: OLEANDRI et al 10/567332
	Appln. S.N.:
	Filing Date: February 6, 2006
	Examiner:
Group Art Unit:	
Date: February 6, 2006	Page 1 of 1

U.S. PATENT DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	5,794,413	08/1998	Draghetti			
	BR	2,723,516	11/1955	Malhiot			
	CR	5,410,858	05/1995	Osti			
	DR	2,603,047	07/1952	Malhiot			
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS**English Abstract****Translation Readily Available**

		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed/ Cited Above	No	Enclosed/ Cited Above	No
	OR	EP0970889	01/2000	EPO	Ghini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR	EP0608823	08/1994	EPO	Spatafora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QR	EP0771731	05/1997	EPO	Ikai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR	EP1176097	01/2002	EPO	Brizzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner:

Date Considered:

***EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.